

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 208

STATE FILE NUMBER

63-037035

FILED SEP 16 1963

1. PLACE OF DEATH

a. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Maryville

Length of stay in 1b
16 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).

a. STATE Missouri COUNTY Nodaway

c. CITY OR TOWN Maryville Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 115 South Walnut
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
JAMES ROBERT McMAHAN

4. DATE OF DEATH Month Day Year
9 4 63

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/1/84

9. AGE (last birthday) 78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Civil Engineer - retired

10b. KIND OF BUSINESS OR INDUSTRY State of Ill.

11. BIRTHPLACE (City and state or country) Maryville, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

James Robert McMahan

13b. MOTHER'S MAIDEN NAME

Mary McIntosh

14. NAME OF HUSBAND OR WIFE

Audrey Looker McMahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes World War I

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Audrey McMahan, Maryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 3, 1963 to 9/4/63 and last saw him alive on Sept. 3, 1963
Death occurred at 4:10 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

Maryville, Missouri

22c. DATE SIGNED

9-7-63

23a. BURIAL, CREMATION, or REMOVAL (Specify)

23b. DATE 9/6/63

23c. NAME OF CEMETERY OR CREMATORY Oak Hill

23d. LOCATION (City, town, or county) Maryville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

9-7-63

26. REGISTRAR'S SIGNATURE

Bess Bolt

USE BLACK INK
OR
TYPEWRITER-RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

RECEIVED-1963

SEP 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5188
P. O. Address Nashville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed; fact should be so stated above.